FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 FORM D

OMB APPROVAL
OMB Number: 3235-0076
Expires: [April 30.2008]
Estimated average burden
hours per response 16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION O, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEM

Prefix Serial

1 4 2007

DATE RECEIVED

			~						
Name of Offering (□ chec	k if this is an amendment ar	nd name has change	ed, and indicate chan	ige)					
Common Stock Private Placement									
Filing Under (Check box(es) that apply Type of Filing: X New Filing	y):	□ Rule 505	☑ Rule 506	☐ Section	n 4(6) □ ULOE				
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested abo	out the issuer								
Name of Issuer (☐ check if this is AVA Mobile, Inc.	an amendment and name h	nas changed, and in	dicate change.)						
Address of Executive Offices Pier 1, Bay 3, San Francisco, Califo	(Number and Street, City, ornia 94111	State, Zip Code)		Telephone 3 505-577-25	Number (Including Area Code 55				
Address of Principal Business Operati (if different from Executive Offices)	ons (Number and St	reet, City, State, Zi	p Code)	Telephone l	Number (Including Area Code				
Brief Description of Business Develo communications networks.	p platform for interacting	and collaborating	with digital media	content over	all prominent devices and PROCESSED				
Type of Business Organization ☐ corporation ☐ business trust	☐ limited partnership, alm ☐ limited partnership, to l		□ other (pleas	e specify)	(2 MAY 2 4 2007				
Actual or Estimated Date of Incorpora Jurisdiction of Incorporation or Organi	•	Month 0 8 [ual□ Estimate	THUMSON FINANCIAL D E				

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

(CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it was received by the SEC at the address given below or, if received at that address after the date on which it was due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E, and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sale adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the cla amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with constitutes a part of the notice and must be completed.



ATTENTION _

Failure to file notice in appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equitable securities of the issuer,
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general managing	ng partner of partne	rsinp issuers.							
Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i Goldstein, Robert M.	ndividual)								
Business or Residence Address (Number and Street, City, State, Zip Code) Pier 1, Bay 3, San Francisco, CA 94111									
Check Box(es) that Apply:	☑ Promoter	☑ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i Wensley, Paul	ndividual)								
Business or Residence Address (Number and Street, City, State, Zip Code) Pier 1, Bay 3, San Francisco, CA 94111									
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i Bloodworth, Jon M.	ndividual)								
Business or Residence Address Pier 1, Bay 3, San Francisco	•	et, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i Fukuda, Kazumasa	ndividual)								
Business or Residence Address Pier 1, Bay 3, San Francisco		et, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i	ndividual)								
Business or Residence Address Pier 1, Bay 3, San Francisco	•	et, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if i	ndividual)								
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or				
. ,	L Promoter	Denoncial Owner	L'Acculté officer	_ Bilector	Managing Partner				
Full Name (Last name first, if i		D Beneficial Owner							
	ndividual)								
Full Name (Last name first, if i	ndividual)		☐ Executive Officer	☐ Director					
Full Name (Last name first, if it	(Number and Stre	et, City, State, Zip Code)			Managing Partner ☐ General and/or				
Full Name (Last name first, if it Business or Residence Address Check Box(es) that Apply:	(Number and Stre	et, City, State, Zip Code) Beneficial Owner			Managing Partner ☐ General and/or				

(Use blank sheet, or copy and use additional copies of this sheet, if necessary)

B. INFORMATION ABOUT OFFERING													
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									☐ Yes ☒ No			
Answer also in Appendix, Column 2, if filing under ULOE.													
2.	2. What is the minimum investment that will be accepted form any individual?								\$	N/A			
3.	B. Does the offering permit joint ownership of a single unit?								X	Yes □ No			
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. IF more than five (5) persons to be listed are associated person of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full NO		st name firs	st, if individ	lual)				-					
Busi	ness or Re	sidence Ad	dress (Nun	iber and St	reet, City,	State, Zip	Code)	<u>-</u>					
Nam	e of Assoc	iated Brok	er or Deale	r									
State	s in Which	Person Li	sted Has S	olicited or	Intends to	Solicit Pur	chasers	 			·		
	Check "	All States"	or check i	ndividual S	itates								All States
	[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
r	[IL]	[IN]	(AI)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[YY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]
Full	Name (Las	t name firs	st, if individ	iual)									
Busi	ness or Res	sidence Ad	dress (Nun	nber and St	reet, City,	State, Zip	Code)				 .		
Nam	e of Assoc	iated Brok	er or Deale	r						, -			
State	s in Which	Person Li	sted Has S	olicited or	Intends to	Solicit Pur	chasers						
	Check "	All States"	or check i	ndividual S	states								All States
	[AL]	[AK]	[AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	t name firs	t, if individ	lual)		-							-
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
State	s in Which	Person Li	sted Has S	olicited or	Intends to	Solicit Pur	chasers						
	Check ".	All States"	or check is	ndividual S	tates								All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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t.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security	Aggregate Offering Price			Amount Already Sold		
	Debt	s			\$		
	Equity	\$	1,505,750		\$	50,000	
	⊠ Common □Preferred						
	Convertible Securities (including warrants)	\$			\$		
	Partnership Interests	\$			\$		
	Other (Specify)	\$			\$		
	Total	\$	1,505,750		s	50,000	
	Answer also in Appendix, Column 3, if filing under ULOE						
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."						
			Number Investors		Doll	ggregate ar Amount Purchases	
	Accredited Investors		1		\$	50,000	
	Non-accredited Investors		N/A		\$		
	Total				\$		
	Answer also in Appendix, Column 4, if filing under ULOE						
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.						
	Type of offering		Type of Security		Doll	ar Amount Sold	
	Rule 505		N/A		\$	50.0	
	Regulation A		N/A		\$		
	Rule 504		N/A		\$		
	Total				<u> </u>		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	·					
	Transfer Agent's Fee				\$		
	Printing and Engraving Costs				\$		
	Legal Fees		(<u>×</u>	\$	5,000	
	Accounting Fees				\$		
	Engineering Fees				\$		
	Sales Commissions (specify finders' fees separately)				\$		
	Other Expenses (identify)				\$		
	Total		ſ	×	\$	5,000	
				-			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

. •	C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES AND US	SE OF PROCEEDS	S		
	b. Enter the difference between the aggregate offering p Question 1 and total expenses furnished in response to Part is the "adjusted gross proceeds to the issuer."				1,500,750	
5.	Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any estimate and check the box to the left of the estimate. The equal the adjusted gross proceeds to the issuer set forth in above.	y purpose is not known, furnish an e total of the payments listed must				
			Payments to Officers, Directors, & Affiliates	Pa	yments To Others	
	Salaries and fees					
	Purchase of real estate		<u></u>	□\$ □\$		
	Purchase, rental or leasing and installation of ma	achinery and equipment	□ \$			
	Construction or leasing of plant buildings and fa	acilities	□\$	□\$		
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger	ssets or securities of another	□\$	\$		
	Repayment of indebtedness	-		S	_	
•	Working capital	-		_ 	1,500,750	
	Other (specify)	-	□\$		2,500,100	
						
			□\$	□ \$		
	Column Totals			 X	1,500,750	
	Total Payments Listed (column totals added)	-	⊠\$ 1,	500,750		
The in		ERAL SIGNATURE		-	1 505 1	
followi	uer has duly caused this notice to be signed by the und ng signature constitutes an undertaking by the issuer t of its staff, the information furnished by the issuer to an	to furnish to the U.S. Securities and	Exchange Commi	ssion, u	pon written	
Issuer (Print or Type) Signatu	ше	Date	<u> </u>		
AVA	Mobile, Inc.		4,	10/0	d	
Name o	of Singer(Print or Type) Title of	f Signer (Print or Type)				
Robert	M. Goldstein Chief I	Executive Officer				

